## Case 2:14-bk-51721 Doc 39 Filed 12/05/14 Entered 12/05/14 13:53:50 Desc Main Document Page 1 of 4

Fill	in this information to identify yo	our case:								
Del	btor 1 Deborah	n R. Leary			_					
_	btor 2 puse, if filing)				_					
Uni	ited States Bankruptcy Court fo	or the: SOUTHERN DISTRIC	CT OF OHIO		_					
	se number <u>2:14-bk-5172</u>	21	_			Check	if this is:			
(If kr	nown)						amende	U		
									g post-petition llowing date:	
0	fficial Form B 6I					MN	Л / DD/ Y	YYY		
S	chedule I: Your I	ncome								12/1
	rt 1: Describe Employm									
	information.		Debtor 1				Debtor 2 or non-filing spouse  ☐ Employed			
	If you have more than one jo attach a separate page with information about additional	b, Employment status	☐ Employed ■ Not employed				□ Emplo	•		
	employers.	Occupation								
	Include part-time, seasonal, self-employed work.	Employer's name								
	Occupation may include stude or homemaker, if it applies.	lent Employer's address								
		How long employed t	here?				_			
Pai	rt 2: Give Details About	Monthly Income								
	imate monthly income as of t use unless you are separated.	he date you file this form. If	you have nothing to re	eport for	any	line, write S	\$0 in the	space. Inc	lude your no	n-filing
	ou or your non-filing spouse have space, attach a separate she		ombine the informatio	n for all e	empl	oyers for th	nat perso	n on the lir	nes below. If	you need
						For Debt	or 1		otor 2 or ng spouse	
2.		salary, and commissions (but the month)		2.	\$		0.00	\$	N/A	<u>.</u>
3.	Estimate and list monthly of	overtime pay.		3.	+\$		0.00	+\$	N/A	<u>.</u>
4.	Calculate gross Income. A	dd line 2 + line 3.		4.	\$		0.00	\$	N/A	

Deb	tor 1	Deborah R. Leary	•	Case number (if known)	2:14-bk-51721
				For Debtor 1	For Debtor 2 or
	Con	y line 4 here	4.	\$ 0.00	non-filing spouse  \$ N/A
5.					
Э.		all payroll deductions:	Fo	¢ 0.00	Φ Ν/Α
	5a. 5b.	Tax, Medicare, and Social Security deductions  Mandatory contributions for retirement plans	5a. 5b.	\$ 0.00	\$
	5c.	Voluntary contributions for retirement plans	5c.	\$ <u>0.00</u> \$ 0.00	\$ N/A \$ N/A
	5d.	Required repayments of retirement fund loans	5d.	\$ 0.00 \$ 0.00	\$ N/A N/A
	5e.	Insurance	5e.	\$ 0.00	\$ N/A
	5f.	Domestic support obligations	5f.	\$ 0.00	\$ N/A
	5g.	Union dues	5g.	\$ 0.00	\$ N/A
	5h.	Other deductions. Specify:	5h.+		+ \$ N/A
6.	Δdd	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	<del>-</del> 6.	\$ 0.00	\$ N/A
7.		culate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$ 0.00	\$ N/A
			٧.	Ψ 0.00	Φ <u>N/A</u>
8.	List 8a.	all other income regularly received:  Net income from rental property and from operating a business,			
	oa.	profession, or farm			
		Attach a statement for each property and business showing gross			
		receipts, ordinary and necessary business expenses, and the total	0-	Ф 0.00	Φ Ν/Α
	8b.	monthly net income. Interest and dividends	8a. 8b.	\$ <u>0.00</u> \$ <b>0.00</b>	\$
	8c.	Family support payments that you, a non-filing spouse, or a dependent		Φ 0.00	Ψ <u>IN/A</u>
	00.	regularly receive			
		Include alimony, spousal support, child support, maintenance, divorce			
		settlement, and property settlement.	8c.	\$ 0.00	\$N/A_
	8d.	Unemployment compensation	8d.	\$ 1,630.00	\$N/A_
	8e.	Social Security	8e.	\$0.00	\$N/A_
	8f.	Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance			
		that you receive, such as food stamps (benefits under the Supplemental	•		
		Nutrition Assistance Program) or housing subsidies.			
	_	Specify:	_ 8f.	\$ 0.00	\$N/A
	8g.	Pension or retirement income	8g.	\$ 0.00	\$ <u>N/A</u>
	8h.	Other monthly income. Specify:	8h.+	\$ 0.00	+ \$ <u>N/A</u>
9.	Add	l all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$ 1,630.00	\$ N/A
-			-	1,000.00	1474
10	Cald	culate monthly income. Add line 7 + line 9.	10. \$	1 630 00 + \$	N/A = \$ 1,630.00
10.		the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10.   \$	1,630.00 + \$	N/A = \$ 1,630.00
			. 느		
11.		e all other regular contributions to the expenses that you list in Schedule ude contributions from an unmarried partner, members of your household, your		dents vour roommate	s and
		er friends or relatives.	аорон	dorno, your roommato	5, 4114
		not include any amounts already included in lines 2-10 or amounts that are not a	availab	le to pay expenses lis	
	Spe	cify:			11. <b>+</b> \$ <b>0.00</b>
12	Δ٨٨	the amount in the last column of line 10 to the amount in line 11. The res	ult in th	a combined monthly i	ncome
12.		e that amount on the Summary of Schedules and Statistical Summary of Certai			a. if it
	appl				12. \$ <b>1,630.00</b>
					Combined
					monthly income
13.	Do y	you expect an increase or decrease within the year after you file this form	?		
		No.			
	П	Yes. Explain:			

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Fill	n this informa	ation to identify y	our case:					
Debt	tor 1	Deborah R.	Learv			Che	eck if this is:	
					_		An amended filing	
Debt	tor 2							wing post-petition chapter
(Spc	ouse, if filing)						13 expenses as of	the following date:
Unite	ed States Bank	ruptcy Court for the	: SOUTH	HERN DISTRICT OF OHIO			MM / DD / YYYY	
Case	e number 2	:14-bk-51721				П	A separate filing fo	r Debtor 2 because Debtor
	nown)	14 DK 01121					2 maintains a sepa	
	ficial Ec	orm B 6J						
		J: Your	_ Exper	nses				12/1:
Be a	as complete ormation. If n	and accurate as	s possible eded, atta	. If two married people ar				
Part		ribe Your House	ehold					
1.	Is this a joi	nt case?						
	■ No. Go to		in a separ	ate household?				
		lo						
	□ Y	es. Debtor 2 mu	st file a sep	parate Schedule J.				
2.	Do you hav	e dependents?	■ No					
	Do not list D Debtor 2.	ebtor 1 and	☐ Yes.	Fill out this information for each dependent	Dependent's relation Debtor 1 or Debtor		Dependent's age	Does dependent live with you?
	Do not state	the						□ No
	dependents	' names.						Yes
								□ No
								☐ Yes
								□ No
								☐ Yes ☐ No
								☐ No
3.	Do your ex	penses include	_	No				□ Yes
	expenses of	of people other to	:han _	Yes				
	yoursen an	u your depende	:1113 :					
Esti exp	imate your e	a date after the	our bankr	ly Expenses uptcy filing date unless y ry is filed. If this is a supp				
				government assistance i				
	icial Form 6		iu nave ini	cluded it on <i>Schedule I:</i> )	our income		Your exp	enses
4.		or home owners nd any rent for th		nses for your residence. In or lot.	nclude first mortgage	4.	\$	1,000.00
	If not include	ded in line 4:						
	4a. Real	estate taxes				4a.	\$	0.00
		erty, homeowner'	s, or rente	's insurance		4b.		0.00
	4c. Home	e maintenance, re	epair, and	upkeep expenses		4c.	\$	0.00
	4d. Home	eowner's associa	tion or con	dominium dues		4d.	\$	0.00
5.	Additional	mortgage paym	ents for ye	our residence, such as ho	me equity loans	5.	\$	0.00

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Debto	or 1 <b>Deborah</b>	R. Leary	Case numl	per (if known)	2:14-bk-51721
	latitat				
	<b>Utilities:</b> Sa. Electricitv.	heat, natural gas	60	¢	8E 00
	•	ver, garbage collection	6a. 6b.		85.00
		e, cell phone, Internet, satellite, and cable services	6c.	· <del></del>	0.00
	•		6d.		85.00
					0.00
		ekeeping supplies	7.	\$	200.00
		hildren's education costs	8.	\$	0.00
		ry, and dry cleaning	9.	\$	20.00
	_	roducts and services	10.	\$	5.00
	Medical and der	•	11.	\$	25.00
	i <b>ransportation.</b> Do not include ca	Include gas, maintenance, bus or train fare.	12.	\$	150.00
		clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
		ributions and religious donations	14.	\$	0.00
	nsurance.	insulation and rongious domailance		<u> </u>	0.00
-		surance deducted from your pay or included in lines 4 or 20.			
	15a. Life insura		15a.	\$	0.00
1	15b. Health ins	urance	15b.	\$	0.00
1	15c. Vehicle ins	surance	15c.	\$	57.00
1	15d. Other insu	rance. Specify:	15d.	\$	0.00
		clude taxes deducted from your pay or included in lines 4 or 20.			<u> </u>
	Specify:	, , ,	16.	\$	0.00
17. <b>I</b>	nstallment or le	ease payments:			
1	17a. Car payme	ents for Vehicle 1	17a.	\$	0.00
1	17b. Car payme	ents for Vehicle 2	17b.	\$	0.00
1	17c. Other. Spe	ecify:	17c.	\$	0.00
	17d. Other. Spe		17d.	\$	0.00
		of alimony, maintenance, and support that you did not report a			0.00
		your pay on line 5, Schedule I, Your Income (Official Form 6I).	18.		0.00
		s you make to support others who do not live with you.		\$	0.00
	Specify:		19.		
		erty expenses not included in lines 4 or 5 of this form or on Sc			0.00
	20a. Mortgages 20b. Real estat	s on other property	20a. 20b.		0.00
					0.00
		nomeowner's, or renter's insurance	20c.		0.00
		ce, repair, and upkeep expenses	20d.	·	0.00
		er's association or condominium dues	20e.	·	0.00
21. (	Other: Specify:		21.	+\$	0.00
22. <b>\</b>	Your monthly e	xpenses. Add lines 4 through 21.	22.	\$	1,627.00
Т	The result is you	r monthly expenses.			
		monthly net income.	•		
2	23a. Copy line	12 (your combined monthly income) from Schedule I.	23a.	\$	1,630.00
2	23b. Copy your	monthly expenses from line 22 above.	23b.	-\$	1,627.00
2		our monthly expenses from your monthly income.	00 -	¢.	3.00
	The result	is your monthly net income.	23c.	Ъ	3.00
F	or example, do yo	an increase or decrease in your expenses within the year after ou expect to finish paying for your car loan within the year or do you expect your mortgage?			ease or decrease because of a
	No.				
	☐ Yes.				
-	Explain:				